

Poster presentation

Musculoskeletal sonography in juvenile systemic lupus erythematosus

E Demirkaya*¹, L Özçakar¹, S Haghari¹, N Aktay Ayaz¹, T Türker², F Özaltın¹, A Bakkaloglu¹ and S Özen¹

Address: ¹Hacettepe University, School of Medicine, Ankara, Turkey and ²Gülhane Military Medical Academy, Ankara, Turkey

* Corresponding author

from 15th Paediatric Rheumatology European Society (PreS) Congress
London, UK. 14–17 September 2008

Published: 15 September 2008

Pediatric Rheumatology 2008, **6**(Suppl 1):P242 doi:10.1186/1546-0096-6-S1-P242

This abstract is available from: <http://www.ped-rheum.com/content/6/S1/P242>

© 2008 Demirkaya et al; licensee BioMed Central Ltd.

Objective

Musculoskeletal involvement of juvenile systemic lupus erythematosus (JSLE) is basically an arthralgia and/or arthritis attacking typically the small joints of the hands, wrists and knees. We aimed to demonstrate the role of sonography in depicting peri/articular changes in JSLE and to find out whether certain tendons of JSLE patients were different from those of healthy controls'.

Methods

Thirty JSLE patients (27 female, 3 male) were recruited for this study. For comparison of the sonographic data, 32 healthy volunteers were included as a control group. Sonographic evaluations were performed by a physiatrist experienced in musculoskeletal sonography.

Results

Knee effusion was observed more frequently in the JSLE group in comparison with the control subjects ($p = 0.00$). When tendon thickness measurements were compared between the groups, flexor and extensor tendons of the third digit (at MCP joint level) of JSLE patients were found to be thinner (p values being 0.04 and 0.03, respectively). Tendon thickness values did not correlate with disease duration and SLE disease activity index scores (p values > 0.05).

Conclusion

The main findings of our study were relevant with i) increased involvement of the following sites in JSLE; knee,

ankle, hand extensor tendons, wrist, elbow, hand flexor tendons (in decreasing order of frequencies) and ii) decreased extensor/flexor tendon thicknesses in the hands of JSLE patients. Physicians should be aware of the potentially disabling scenario of tendon pathologies. Defining the extent of joint and tendon pathologies in Pediatric SLE may guide us in the management of the disease.